

Revised December 1974

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD
STATE DEPARTMENT OF HEALTH

SFUND RECORDS CTR

999000458

PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): Weslock Code No.
Pick up Address: 13344 S. Main St. L. A.
(Number) (Street) (City)
Telephone Number: 82762 P.O. or Contract No.
Order Placed By: Date: 5-11-79

Type of Process which Produced Wastes:
(Examples: metal plating, equipment cleaning, oil drilling--Code No. wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

- | | |
|--|---|
| 1. <input type="checkbox"/> Acid solution | 8. <input type="checkbox"/> Tank bottom sediment |
| 2. <input type="checkbox"/> Alkaline solution | 9. <input type="checkbox"/> Drill mud |
| 3. <input type="checkbox"/> Pesticides | 10. <input type="checkbox"/> Contaminated soil and sand |
| 4. <input type="checkbox"/> Paint sludge | 11. <input type="checkbox"/> Cannery waste |
| 5. <input type="checkbox"/> Solvent | 12. <input type="checkbox"/> Hatch waste |
| 6. <input type="checkbox"/> Tetraethyl lead sludge | 13. <input type="checkbox"/> Muc and water |
| 7. <input type="checkbox"/> Chemical toilet wastes | 14. <input type="checkbox"/> Brine |

☐ Other (Specify): 71011 Code No.

Components:

(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Upper	Lower	Concentration: <u> </u>	ppm
<u>mud + water oil</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>2.</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>3.</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>4.</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>5.</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>6.</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hazardous Properties of Waste:

PH 8 ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive
Bulk Volume: 8 gal ☐ tons ☐ barrels (42 gal) ☐ other (specify)
Containers: ☐ drums ☐ cartons ☐ bags ☐ other (specify)
Physical State: ☐ solid ☒ liquid ☐ sludge ☐ other (specify)
Special Handling Instructions (if any):

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable)

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

R. Fernandez 5-11-79
Signature of authorized agent and title

HAULER OF WASTE (Must be filled by hauler)

Name (print or type): Superior Industrial Pumping Code No. 21
Business Address: 25013 W. Manchester Ave. Ing
(Number) (Street) (City)
Telephone Number: 778-7642 Pick Up: Time:
State Liquid Waste Hauler's Registration No. (if applicable): 483
Job No.: 0508 No. of Loads or Trips: 1 Unit No.: 1

Vehicle: ☒ vacuum truck ☐ barrels, ☐ flatbed, ☐ other (specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): Code No.
Site Address:

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): State fee (if any):

Handling Method(s):

- ☐ recovery
☐ treatment (specify):
☐ disposal (specify): ☐ pond ☐ spreading ☐ landfill ☐ injection well ☐ other (specify):

If waste is held for disposal elsewhere specify final location:

Disposal Date: 5/11/79

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

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FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.